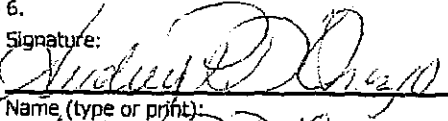


C 182844

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No. C 182844	Reinstatement Annual Report Form ADMIN DISSOLVED 07/15/2014		2. Registered Agent and Office (NOT A P.O. BOX)																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. A PROMISE OF HOPE, INC. AUDREY P D'ORAZIO 8921 W HACKAMORE STE B BOISE ID 83709		AUDREY P D'ORAZIO 8921 W HACKAMORE STE B BOISE ID 83709																					
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature.																					
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Executive Director</td> <td>Audrey D'Orazio</td> <td>1472 E. Iron Eagle</td> <td>Eagle</td> <td>ID</td> <td></td> <td>83616</td> </tr> <tr> <td>President</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Executive Director	Audrey D'Orazio	1472 E. Iron Eagle	Eagle	ID		83616	President						
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Executive Director	Audrey D'Orazio	1472 E. Iron Eagle	Eagle	ID		83616																		
President																								
5. Organized Under the Laws of: IDAHO C 182844		6. Signature: <u></u> Date: <u>9/22/2015</u> Name (type or print): <u>Audrey P. D'Orazio</u> Title: <u>President</u>																						
Issued 09/22/2015 by online																								